

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/530410**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3				2		
4			1			
5			1			
6			1			
7			1			
8				3		
9			1			
10				1		
11			1			
12				1		
13			1			
14			1			
15				2		
16			1			
17			1			
18			1			
19			1			
20				3		
21			1			
22				1		
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50						
TOTAL IND.		↓	16	↓		↓
TOTAL DEP.	←		14	←		←
TOTAL CLAIMS			30			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						